

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/				51	
2	/		X	X			52	
3		/		/			53	
4							54	
5	/		X	X			55	
6		/		/			56	
7							57	
8		/		/			58	
9							59	
10		/		/			60	
11		/		/			61	
12	/		/				62	
13		/		/			63	
14							64	
15	/		/				65	
16		/		/			66	
17	/		/				67	
18	/		/				68	
19							69	
20		/		/			70	
21			/				71	
22				/			72	
23				/			73	
24				/			74	
25				/			75	
26				/			76	
27			/				77	
28				/			78	
29				/			79	
30				/			80	
31				/			81	
32							82	
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41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	8		8				TOTAL IND.	
TOTAL DEP.	14		21				TOTAL DEP.	
TOTAL CLAIMS	22		29				TOTAL CLAIMS	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FORM PTO-1360 (REV. 3-78)

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